

CHAPTER 13

WHAT'S IN IT FOR ME? THE VALUE OF CHANGE

A. INTRODUCTION

In this manual, the CMS regulations concerning the comprehensive assessment, OASIS data collection and data reporting, and their implementation within a home health agency have been discussed. In this concluding chapter, the value of uniform data collection and reporting along with the big-picture context for the regulations are presented.

B. WHAT'S NEW AND WHAT'S DIFFERENT?

Implementing the comprehensive assessment and OASIS data reporting regulations requires change on the part of home health agencies, both in the way that they collect and utilize clinical information (i.e., data) and in the way they evaluate their own effectiveness. In the past, individual clinicians have assessed patients, compared their data to established norms or expected values, and drawn conclusions about whether deviations from these norms or values should be addressed in clinical interventions. In the future, a similar process will be followed for the aggregated agency patient population to evaluate the effectiveness of care provision, measured through patient outcomes. That is, the outcomes of the agency's patients will be computed and will be compared to the patient outcomes of other agencies in the reference group, allowing the agency to determine which of its outcomes should be addressed in performance improvement activities.

While the process of data collection, data analysis and comparison, drawing conclusions, and acting on these conclusions is familiar to all health care providers, the application of this process to the aggregated population level (i.e., total agency caseload) is relatively new. Because the process itself is familiar, home care agencies convinced of the value of measuring outcomes have been able to understand and implement the required data activities with creativity and enthusiasm. Agencies approaching the same requirements as only a mandate, however, encounter staff resistance and data-related problems that often are difficult to fully resolve. As mentioned in Chapter 11 of this manual, truly "attitudes are contagious."

C. VALUE OF UNIFORM DATA COLLECTION AND REPORTING

As a major payer for home health care, CMS has expressed its commitment to the care philosophy of a comprehensive patient assessment being necessary to identify and meet a patient's broad range of health care needs. The compre-

hensive assessment is to be repeated at specific points during the patient's home care episode to determine whether appropriate progress toward desired outcomes is being achieved. The exact components of the comprehensive assessment are left to the individual agency to determine, but they must include the OASIS data set exactly as written.

CMS also supports the value of outcome measurement as a tool for performance improvement -- both for an individual home care agency and for the total home care system. Performance improvement through outcome measurement is the goal of the OBQI process that was described in Chapter 3 of this manual. Individual agencies have shown their ability to improve their own patient outcomes in several OBQI demonstration projects conducted over the past few years. The same outcome measures that are useful at the individual agency level can be used to assess performance across agencies, identifying those agencies that might benefit from additional monitoring or surveillance activities.

To use outcomes for comparison (i.e., benchmarking) purposes, the collection of uniform data is a necessity. The OASIS data set provides the mechanism for the collection of such data. If these same data also are useful in patient assessment, care planning, and care coordination, their value is multiplied. Such utility for the OASIS items has been reported by those agencies that have incorporated them into their clinical documentation and have used them in assessment and care planning.

Home care agency clinical staff, on the whole, are just beginning to possess familiarity with the collection of uniform data. Because this is a relatively new skill, agency staff development, continuing education, and follow-up oversight are necessary while learning is occurring. Early emphasis on data accuracy and integrity will serve the agency well over time in its data-related activities.

For the necessary analysis and production of agency-level reports, high quality (i.e., error-free) data must be sent to a source where this analysis can occur. Such a data entry, error checking, and data transmission system is being put into place by CMS. Each agency's data will be sent to its appropriate State agency through use of the HAVEN software (or following the necessary data specifications if a vendor's software is used). Checking for errors (and their correction in both the clinical record and the transmitted data) is also an activity that requires training and monitoring.

The regulations for comprehensive patient assessments and OASIS data reporting impact several agency internal processes and systems. The approaches to process and system review that agencies undertake (or ignore) can facilitate or hinder care delivery, clinical documentation, data accuracy, and overall agency functioning. Agencies willing to commit themselves to full process

review, with revisions to current systems as indicated, are likely to benefit from better-functioning systems. OASIS data collection and reporting thus can aid agency internal processes.

D. KEEPING THE BIG-PICTURE PERSPECTIVE

The context for the regulations will assist the staff in understanding the need for change and can help focus the internal agency activities. In the short run, agencies will benefit from the use of precise clinical data for improved care provision, including care coordination between disciplines in the agency and communication with external providers and other payer sources. As agencies begin receiving the feedback reports that can be computed from OASIS, a major benefit of uniform data collection and reporting will be apparent. Such reports are powerful tools for agency decision-making, with the obvious goal of continually moving toward improved patient care.

Many agencies already have discovered these values in implementing OASIS data collection and reporting. Agencies newer to the associated activities are likely to be best served if they retain a focus on the larger picture. The training and assistance provided through the State agency and State home care associations will also maintain such a total-system focus. Though change can be discomfoting, in this situation change provides growth opportunities for agencies and clinicians in the potential for improved patient care (as measured by outcomes). This focus on patient care is one which care providers find to be important in understanding the rationale for change.

Knowledge of patient outcomes provides powerful information for many agency decisions concerning patient care, including staffing, visit frequency, disciplines to involve, and care coordination. Agencies moving toward cost-effective, quality care provision will benefit considerably from the information that this data-driven approach will provide. The new learning and the associated change processes will serve agencies well if they choose to keep this overall continuous improvement philosophy in the forefront.